

CREDIT CARD TRANSACTION AUTHORIZATION FOR ONE-TIME TRANSACTIONS

INSTRUCTIONS: Print or type entries clearly. Carefully read and complete the entire authorization form. Mail the completed form to the appropriate Land and Water Management Division office that you are authorizing to charge your account. For security purposes, do not e-mail or fax this form. If you have questions about completing this form, call the phone number provided by the Land and Water Management Division office you are authorizing to charge your account.

TYPE OF CREDIT CARD	□м	1AS	TER	CARE) [□ VIS	SA		DISC	OVE	R		
CREDIT CARD HOLDER NAME (as it appears on the card)													
STREET ADDRESS													
CITY, STATE, ZIP													
TELEPHONE NUMBER	()				е	ext						
E-MAIL ADDRESS (optional)													
CARD HOLDER SIGNATURE													
TOTAL AMOUNT TO BE CHARGED													
CREDIT CARD NUMBER			I					1				L	
CVV2 (this is a 3 digit number on the back of the credit card)	1	ı		I									
EXPIRATION DATE													
RETAIN A COPY FOR YOUR RECORDS	1												

STATE OF MICHIGAN USE ONLY

PERMIT FILE NUMBER (S)			AOBJ
PERMIT FILE NUMBER (S)			AOBJ
PERMIT FILE NUMBER (S)			AOBJ
RECEIVED BY			
DATE RECEIVED			
RESUBMISSION OF PAYMENT	☐ YES	□ NO	